NHS
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Information for patients and carers

Shoulder Surgery

Physiotherapy booklet

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About your shoulder

The shoulder is a ball and socket joint comprised of your arm bone (humerus), which has the ball on the upper end, and the socket (glenoid), which is a part of your shoulder blade. During upper limb movements the ball moves within this shallow socket. The shoulder is surrounded by a deep layer of tendons (the rotator cuff) which passes under the arch of the acromium, a which is part of the shoulder blade.

Poor posture and positioning of the shoulder can compress structures under the acromium resulting in pain and weakness.

Ligaments which hold the bones together.

Muscles which help to position the ball correctly within the socket.

Cartilage which surrounds and deepens the socket (labrum).

What are the risks of surgery?

All operations involve an element of risk, your consultant will discuss these and related issues with you and can provide any further information you may need.

The risks include:

- **Anaesthetic.** Complications such as sickness and nausea, or rarely cardiac, respiratory, or neurological problems
- **Infection**. These are usually superficial wound problems. Occasionally deep infection may occur many months after the operation. This is less than 0.5%
- **Post operative pain.** Let us know if this is not under control when we say you can leave the hospital
- Persistent **pain** and/or **stiffness** in/around the shoulder
- Damage to the **nerves** and **blood vessels** around the shoulder

Please discuss these issues with your consultant if you would like further information.

Surgery and the wound

The surgery may be done by keyhole (arthroscopic) or 'open' approaches. Your consultant will explain which will be best suited for your condition.

Your stitches may be dissolvable. If not nursing staff will discuss with you regarding the removal at 10-14 days post op. Avoid using spray deodorant, talcum powder or perfumes near or/on the wounds until they are well healed.

Sling care advice

When you wake up following the procedure you will be wearing a sling. The type of sling varies according to the type of procedure undertaken and may be needed for between a few days or six weeks.

NOTE: You must regularly loosen or release the sling to exercise but ONLY move your elbow, wrist and hand to prevent stiffness of these joints. This should be done at least 4 times per day.

Posture

Maintaining a good posture is very important for your shoulders and your rehabilitation. A poor posture (with your shoulders slumped forwards) will reduce the space for the tendons within the shoulder to move and may cause discomfort. Furthermore, this poor posture will reduce your ability to raise your arms fully above your head.
To improve your posture:

- Sit well supported with your elbows relaxed by your side
- Genty grow tall in the chair broadening your shoulders. (Try **not** to squeeze your shoulder blades together). Imagine putting on a rucksack
- This should be done regularly throughout the day





Getting washed

Following your surgery, you must keep your surgical wounds dry and protected whilst washing. Waterproof dressings may be provided by the hospital to wear when you are washing, alternatively, these can be bought from a chemist.



You may need assistant to wash the arm which was not operated on as you will not easily be able to use your ‘operated’ arm to do so. If you do not have someone to assist, lean forwards and rest the arm in the sling on a flat surface as shown in the picture.

Getting dressed

You will find it easier to wear loose less fitted clothes. Always dress your operated arm first. Open buttoned shirts, blouses or cardigans are easier to manage.

- Sit on the edge of a chair or stand with your arm 'hanging' by your side
- Slide your **operated** arm into the garment first using your **un-operated** arm. Do not assist with your operated arm, just let it hang loose
- Once this arm is fully in the sleeve, bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your un-operated arm
- Once you have dressed your upper body, place your arm back in the sling

Sleeping

Remember your sling must be worn while you are sleeping as well as during the day.



You may find it more comfortable to sleep on your back initially, with a pillow under your **operated** arm for support.

You may also find it more comfortable to sleep in a semi-sitting position.

Pain control

A nerve block may be used during the surgery. This means that immediately after the operation the shoulder and arm often feel completely numb. This may last for a few hours. Take your painkiller when you start to feel the feeling coming back in your arm to control the pain.

It is very important to manage your pain by **taking recommended medication,** as this will assist in your rehabilitation. Ice packs can be used to reduce swelling and control pain provided that the wound remains dry and not applied directly over an open wound.

NOTE: If the painkillers are insufficient that you have been given from the hospital, please contact the hospital ward or your GP.

Exercises

The physiotherapists will teach you exercises on the ward. We recommend you aim to complete 10 repetitions of each exercise 3-4 times per day. You may not manage this many initially. Start slowly and build up as you feel able. Please continue with these exercises until you are seen at your outpatient physiotherapy appointment.

To carry out your exercises effectively, it is imperative that you keep up with your regular prescribed pain relief medication.

If you experience pain whilst doing the exercises, reduce the number of exercises and the frequency. If the pain continues, stop doing the exercises and contact the physiotherapy department using the number on the end of this booklet.

Elbow/Wrist

Elbow (5-10 Repetitions 3-4 times a day)

- Sit or stand
- Slowly bend and straighten the elbow of your affected arm using your unaffected arm
- With your elbow bent, repeatedly turn the palm of your hand facing up and down whilst your shoulder is stationary by your side





Fingers and wrist (5-10 Repetitions 3-4 times a day)

- Sit or stand
- Try moving your hand up and down bending at the wrist, try making a fist and straightening your fingers
- Try holding a small ball/object which you can squeeze and relax to maintain your hand and wrist strength





Shoulder

Passive range of motion within safe zones (5-10 Repetitions 3-4 times a day)

Flexion

- Sit or stand
- Lift your operated arm forwards assisting the movement with your other arm
- Do NOT lift above 60 degrees



Abduction (5-10 Repetitions 3-4 times a day)

- Sit or stand
- Move your operated arm out to the side assisting the movement with your other arm
- Do NOT move out past 60 degrees



External rotation (5-10 Repetitions 3-4 times a day)

- Sit or stand
- Turn your operated arm assisting the movement with your other arm from in to out
- Do NOT move past the neutral position shown in the second picture



Pendulum (5-10 Repetitions 3-4 times a day)

Stand and lean forward supporting yourself with your other hand. Try to relax your injured arm and let it hang down.



- Let your arm swing freely
- Start with small movements
- Swing your arm slowly and gently backwards and forwards, side to side and in circles
- Repeat this for approximately 1-2 minutes total

Passive range of motion (5-10 Repetitions 3-4 times a day)

☐ Sitting/Standing Forward Flexion



- Hold the affected arm at the wrist with the opposite hand
- Using just the opposite arm (not the operated/affected arm), raise the arm straight up as far as comfortable
- Slowly and with control return to the starting position

☐ Supine Forward Flexion

- Lie on your back
- Hold the affected arm at the wrist with the opposite hand. **Using just the opposite arm (not the operated/affected arm)**, raise the arm straight up and above your head as far as comfortable



- Slowly and with control return to the starting position

Abduction

- Using a cane or long stick in the unaffected arm **(Using the unaffected arm only, not the operated/affected arm)**, push against the hand of the affected arm so that the affected arm lifts outwards to the side as far as comfortable

- Slowly and with control return to the starting position



External Rotation (5-10 repetitions 3-4 times per day)

- Keep the elbow of the affected arm against your side with the elbow bent at 90 degrees

- Using a cane or long stick in the unaffected arm **(Using the unaffected arm only, not the operated/affected arm)**, push against the hand of the affected arm so that the affected arm rotates outward

- Slowly and with control return to the starting position



Active assisted range of motion (5-10 Repetitions 3-4 times a day)

Forward Flexion

- Using a cane or long stick in the unaffected arm. In standing place your affected side hand on the top of the stick
- Using your **unaffected hand to help** lift the shoulder upwards in a forward direction as far as comfortable
- Slowly and with control return to the starting position



Table slides

- Sitting upright in a good posture with your hand resting on a towel on a table with your thumb pointing upwards
- Slowly slide your hands out in a forward motion as far as comfortable
  Slowly and with control return to the starting position



Pulley Exercise



- Attach the pulley to the top of the door and sit facing the door. (if you don't have a pulley, you can use a dressing robe cord over an open door)
- Hold pulley handles in both hands with your thumbs pointing up, pull down **with your unaffected arm** to bring the affected arm forwards and up
- Hold the position for 5-10 seconds, then return to the start position

Forwards Flexion



- In standing, leading with your thumb. Lift the shoulder upwards in a forwards direction as far as comfortable
- Slowly and with control return to the starting position

Abduction

- In standing, leading with your thumb. Lift the shoulder outwards in a sideways direction as far as comfortable
- Slowly and with control return to the starting position



External Rotation

- In standing, keep your elbow bent at 90 degrees against your side. In standing place your affected side hand on the top of the stick
- Whilst keeping your elbow tucked in, rotate your wrist/hand outwards



- Slowly and with control return to the starting position

Contact details

Should you require further advice or information please contact:

Surgical Orthopaedic Ward (Chorley Hospital): **01257 245746**
Rawcliffe Ward Day Case (Chorley Hospital): **01257 245100**
Chorley Hospital Physiotherapy Department **01257 245757**
Royal Preston Hospital Physiotherapy Department **01772 522876**

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk
www.lancsteachinghospitals.nhs.uk/veteran-aware
https://bepartofresearch.nihr.ac.uk/

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638.**

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Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:
patientexperienceandinvolvem@LTHTR.nhs.uk

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